

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Atty. Docket No. TRW (ASG) 6058

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

the specification of which

(check one) is attached hereto.

was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).

was filed on _____ as International Application No. _____
and was amended on _____

by Preliminary Amendment Article 19: Article 34 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

201 04 043.3 Germany 8 March 2001 Priority Claimed
(Number) (Country) (Day/Month/Year Filed) Yes No

Yes No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) _____ (Filing Date) _____ (Status-patented, pending, abandoned)

(Application Serial No.) (Filing Date) (Status-patented, pending, abandoned)

Power of Attorney: As a named Inventor, I hereby appoint the following attorneys: Thomas L. Tarolli, Reg. No. 20,177; Robert B. Sundheim, Reg. No. 20,127; Calvin G. Covell, Reg. No. 24,042; Barry L. Tummino, Reg. No. 29,709; Paul E. Szabo, Reg. No. 30,429; James L. Tarolli, Reg. No. 36,029; Ronald M. Kachmarik, Reg. No. 34,512; Richard S. Wesorick, Reg. No. 40,871; Maurice R. Salada, Reg. No. 26,502; Allan W. Vogele, Reg. No. 28,127; and Gary L. Hermanson, Reg. No. 34,349; each with full powers of substitution and revocation to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's name or title of first inventor U. Müller Date 28.02.2002
Inventor's signature _____
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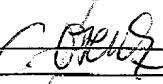
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2) Full name of second inventor / Udo BIEBER

Inventor's signature _____ Date 28.02.2002

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4) Full name of fourth inventor _____
Inventor's signature _____ Date _____
Residence _____ Citizenship _____
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5) Full name of fifth inventor _____
Inventor's signature _____ Date _____
Residence _____ Citizenship _____
Post Office Address _____

6) Full name of sixth inventor _____
Inventor's signature _____ Date _____
Residence _____ Citizenship _____
Post Office Address _____